UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OFFICIAL WARNING

VIOLATION OF FEDERAL REGULATIONS

CASE NO.

IN 140005

VIOLATOR

Customer# 31528
Certificate# 32-A-0249
Stephen Stoll

ADDRESS *(Street, City, State, Zip Code)*

10263 E 725 N
Montgomery, IN 47558

The Department of Agriculture has evidence that on or about **February 11, 2014** you or your organization committed the following violation of Federal Regulations:

9 CFR, SECTION	Failure to
2.40 (b)(2)	• **Each dealer or exhibitor shall establish and maintain programs of adequate veterinary care that include: The use of appropriate methods to prevent, control, diagnose, and treat diseases and injuries, and the availability of emergency, weekend, and holiday care.**

(A pug "King" had cloudy left eye that appeared misshaped, and possible start of an issue in the right eye. Gums were red, excessive tarter, brown covering the molars and canine, with gray material on the gumline. **A pug "#3599" had ulcer like formation on center of left eye and beginnings of another possibly in right eye. **A pug "#8682" had a growth in center of right eye and cloudy appearance. Both eyes were extremenly bugeyed in appearance and appeared misshaped. **A boxer "Tommy" had green discharge from both eyes, with majority coming from left eye that had a small white ring in the center of the eye. **A shiatsu "#30" had brown crusty material in corners of both eyes, drainage and white cloudiness in both eyes and possible sore in center of left eye.)**

Titles 7 & 9 Code of Federal Regulations were promulgated to help prevent the spread of animal and plant pests and diseases and assure the humane treatment of animals. Since violations of the regulations can have serious and costly impact detrimental to the public interest, you are warned of this violation. Any further violation of these regulations may result in the assessment of a civil penalty or criminal prosecution. If you have any questions concerning this warning or violation, please contact the listed APHIS Official.

APHIS OFFICIAL *(Name and Title)*		OFFICE ADDRESS:
Elizabeth Goldentyer, DVM	**Regional Director**	**920 Main Campus Dr., Suite 200**
SIGNATURE: [redacted]	DATE ISSUED 4/8/14	**Raleigh, NC 27606**
		TELEPHONE NO. AC (919) 855-7100
FOR PERSONAL SERVICE - RECEIVED BY: *(Name and signature)*		DATE RECEIVED:

FOR CERTIFIED MAIL - RECEIPT NO:
7013 2630 0001 7296 0845

APHIS FORM 7060 (JUN 91) Previous editions may be used
PART 1 - VIOLATOR

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